

## PART B - FEE(S) TRANSMITTAL

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23639 7590 05/27/2004

BINGHAM, MCCUTCHEN LLP  
 THREE EMBARCADERO, SUITE 1800  
 SAN FRANCISCO, CA 94111-4067

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## Certificate of Mailing or Transmission

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Carolyn Tobias	(Depositor's name)
<i>Carolyn Tobias</i>	(Signature)
July 27, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/005,845	12/03/2001	Shuki Vitek	266/217	3098

TITLE OF INVENTION: APPARATUS, SYSTEMS, AND METHODS FOR MEASURING POWER OUTPUT OF AN ULTRASOUND TRANSDUCER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$30	\$0	\$30	08/27/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
IMAM, ALI M	3737	600-438000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Bingham McCutchen LLP
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Insightec-TxSonics Ltd.

Tirat Carmel, Israel.

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies 1

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- ☐ A check in the amount of the fee(s) is enclosed.
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08/02/2004 HMEKONE1 00000179 502518 10005845

01 FC:1501	1330.00 DA
02 FC:1504	300.00 DA
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